United Nations A/66/PV.7

General Assembly

Sixty-sixth session

Official Records

7th plenary meeting
Tuesday, 20 September 2011, 10.15 a.m.
New York

President: Mr. Al-Nasser ..... (Qatar)

In the absence of the President, Ms. Kamara (Liberia), Vice-President, took the Chair.

The meeting was called to order at 11 a.m.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Agenda item 117 (*continued*)

Follow-up to the outcome of the Millennium Summit

The Acting President: I now give the floor to His Excellency Mr. Victor Makwenge Kaput, Minister for Health of the Democratic Republic of the Congo.

Mr. Kaput (Democratic Republic of the Congo) (*spoke in French*): The Democratic Republic of the Congo is concerned about the growing burden of non-communicable diseases (NCDs), which pose a major public health problem given the large number of persons affected by illnesses that include cardiovascular disease, diabetes, cancer, chronic respiratory disease, mental illness and sickle-cell anaemia.

The main risk factors for these diseases have been clearly identified in our country: tobacco, alcohol, lack of physical activity and poor nutrition. Indeed, statistics show a rising incidence of diabetes. In 1959 0.48 per cent of hospitalized patients suffered from the disease, while by 2005 that number had risen to 5.4 per cent.

In the face of this scourge, our country has taken a number of initiatives, including the creation, within the department charged with fighting disease, of a division entrusted with combating NCDs; the establishment of a national programme to combat diabetes; the elaboration of a strategic plan to combat NCDs; the integration of activities related to controlling diabetes and hypertension at health-care centres in Kinshasa, the capital, and in other major cities; cooperation with and support for associations that fight diabetes, cancer and sickle-cell anaemia; and the establishment of diabetes clinics for children.

The major challenge today is the maintenance of those clinics — keeping them supplied them with insulin and other diabetes medications, ensuring their functioning and extending health coverage throughout all the provinces.

With regard to sickle-cell anaemia, we also have a programme to fight the disease and a research and treatment facility within our public health ministry.

NCDs affect mainly our active population, leading to lower productivity and increased poverty, potentially jeopardizing our capacity to attain the Millennium Development Goals, especially with regard to reducing extreme poverty.

Given the limited resources at its disposal for the control of NCDs, the Democratic Republic of the Congo calls for international solidarity to help it strengthen its health-care system and create a special fund to that end.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-506. Corrections will be issued after the end of the session in a consolidated corrigendum.

11-50540 (E)

Please recycle

The Acting President: I now give the floor to His Excellency Mr. Soumana Sanda, Minister of Health of the Niger.

Mr. Sanda (Niger) (*spoke in French*): At the outset, I should like to welcome the convening of this High-level Meeting and to address my congratulations to the President of the General Assembly.

In Niger, although our health situation is characterized by the prevalence of communicable diseases, chronic non-communicable diseases (NCDs) such as cancer, diabetes, hypertension and chronic respiratory illnesses are gaining ground. According to the World Health Organization's STEPwise approach to surveillance survey on the monitoring of risk factors for cardiovascular disease and diabetes carried out in the Niger in December 2007, 21.2 per cent of people suffer from hypertension; 4 per cent suffer from diabetes; 26 per cent are overweight; 4 per cent are obese; and 5 per cent smoke tobacco.

Aware of the burden that NCDs represent for our country's health situation and its economy, our authorities have on many occasions expressed their strong resolve to fight against NCDs, through, inter alia, the policy statement issued by the Prime Minister and head of Government on 16 June 2011; the Poverty Reduction Strategy Paper; and the health development plan for 2011-2015.

To fight against NCDs, my country has taken the following operational measures: the establishment of a cancer registry, in 1992; the ratification of the Framework Convention on Tobacco Control, in 2005; the adoption by the National Assembly of a law on tobacco control, in 2006; a decree providing free treatment of cancers affecting women, in 2007; campaigns to screen for and treat cancer; the construction, in partnership with the International Atomic Energy Agency, of a national centre to combat cancer; the adoption by the National Assembly of legislation relating to the creation of an official administrative agency known as the national centre for the fight against cancer; and the drafting of a national strategic plan for the prevention of and the fight against NCDs.

The implementation of that plan requires the mobilization of additional resources, with a view to giving patients access to drugs and ensuring the affordability of such drugs, so that their cost does not prevent people from obtaining the medications required to treat infectious diseases. In order to achieve the required synergies and take effective action, we must strengthen our health-care systems to ensure control of infectious diseases and to prevent and treat NCDs. To achieve that, our health care facilities need adequate and qualified personnel, equipment, medicines and medical supplies. In addition, access to care for our working population needs to be improved by putting in place a national health insurance system, providing information and raising awareness about adopting healthier and simpler lifestyles. To that end, under the direction of President Mahamadou Issoufou, major efforts are being made to put in place integrated, multisectoral policies. We call on the international community to assist us in Niger, and to help other States, both financially and technically.

The Acting President: I now give the floor to Her Excellency Ms. Ann Peters, Minister of Health of Grenada.

Ms. Peters (Grenada): The Grenada delegation is gratified to share with the international community our plans and programmes aimed at addressing the issues of non-communicable diseases (NCDs), as well as to pledge our commitment and support to the new international agenda on NCDs.

Non-communicable diseases constitute a major public challenge for all countries, developed and developing alike. Grenada, like many other members of the Caribbean Community, recognizes the growing threat posed by NCDs on our small, fragile economy and the need to take decisive action to reduce the burden of the disease and to protect the future sustainable development of our country. We believe that primary prevention and promotion is the most cost-effective, equitable and sustainable strategy to fight NCDs.

In that regard, Grenada has approved a new policy framework for the revitalization of primary health care. We have adopted a multi-agency, multidisciplinary approach to addressing chronic NCDs. We have established the National Chronic Disease Commission — comprised of representatives from a range of sectors, including health, education, agriculture, youth, sports, non-governmental organizations, churches, the media and the private sector — to advise on strategies to reduce NCD risk factors.

We have implemented the Chronic Care Passport, a healthy lifestyle initiative that is aimed at providing a method for the systematic monitoring and evaluation of patients with chronic diseases and the empowerment of those patients to take care of their health. A national risk-factor survey on chronic non-communicable diseases was conducted to support the planning of health promotion and prevention campaigns. Grenada has established partnerships with Mount Sinai School of Medicine and the American Heart Foundation for the implementation of a community health programme and the implementation of the 12 recommendations by the Institute of Medicine of the National Academies for promoting cardiovascular health in developing countries.

Grenada has made significant progress in the fight against NCDs, but we are cognizant of the fact that there is much more to be done. The real challenges for us as a people lie in transforming our health sector from a curative- to a preventive-based system and implementing reform in the midst of a global economic crisis and escalating costs of medical care. Greater effort is needed to influence the global food industry to join the fight against NCDs.

We believe that the United Nations can and will play a more important role in that respect. Grenada reaffirms its commitment to improving the health status of its people by promoting wellness and providing quality health care services in an efficient, equitable, affordable and sustainable manner, and to working together to ensure universal access to comprehensive prevention, treatment, care and support for persons living with and affected by NCDs. That is our goal.

The Acting President: I now give the floor to His Excellency Mr. Ali Yacoub Mahamoud, Minister for Health of Djibouti.

Mr. Mahamoud (Djibouti) (*spoke in French*): It is a genuine pleasure for me to take the floor on behalf of my delegation on the occasion of this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

My delegation aligns itself with the statement to be made on behalf of the Group of 77 and China by the Minister of Health of Argentina.

I would like to thank the Secretary-General for his report on the prevention and control of non-communicable diseases (A/66/83) and to express my appreciation for his commitment. I also want to commend the efforts of all Member States which, since the adoption of resolution 64/265, in May 2010, have worked to ensure that this initiative is translated into action and that non-communicable diseases (NCDs) — that is, cardiovascular disease, cancer, chronic respiratory conditions, diabetes and the social and economic problems that they cause — can find appropriate and common solutions.

We are all aware, from the Secretary-General's report, that almost two-thirds of deaths worldwide every year are caused by non-communicable diseases, with cardiovascular disease accounting for 39 per cent and cancer 27 per cent. Including chronic respiratory illness and diabetes, they account for nearly 80 per cent of deaths. It is important to highlight that 44 per cent of deaths come before the age of 70, with all the repercussions that entails on the socio-economic front. Those diseases are a problem for all countries, but they cause tragedy for the poorest ones, where people lack access to prevention, treatment or an effective health care system.

My country, like most least-developed countries, is not immune to the lethal consequences of what we can today call the epidemic of the twenty-first century. The incidence of those diseases in the population includes not only the diseases I have already mentioned but also mental illness and malnutrition. Afflicted by endemic drought, my country is particularly affected by the double scourge of malnutrition — that is, under-nutrition and over-nutrition — affecting the population as a whole and sometimes even the same individual.

The ills of under-nutrition — notably low birth weight and retarded growth — not only leave victims prone to chronic childhood diseases and leave pregnant women at risk but also can cause cognitive deficits. Unhealthy diets and lifestyles in youth can lead to an increase in non-communicable diseases such as diabetes, cardiovascular disease and certain cancers in adulthood. The other side of malnutrition is excess weight in adults, which is tied to higher rates of disease and death and which in children seems to entail a higher risk of developing adult diabetes.

Chronic diseases are the most common reason for hospitalization and place onerous costs on health systems, patients and their families. Our Government's

response in the matter of our fellow citizens' health care combines multisectoral reforms with budget increases to build a health care system that is functional, modern and efficient. Since 2005, our health care budget has grown from 4 per cent to more that 15 per cent of the total budget, not including significant outlays outside the budget.

Moreover, my Government pursues a policy of socio-economic development that emphasizes fighting poverty with the ultimate goal of protecting the human rights to dignity and health. Through its youth policy and incentive measures, our Government, working with civil society, is seeking ways of promoting employment and a healthy lifestyle in that critical sector of the national population.

I am fully aware, however, that we need more synergy, resources and opportunities to reverse the current trends in non-communicable diseases, which are just as devastating in our region as the communicable diseases HIV/AIDS, malaria and tuberculosis. We therefore need to work urgently to change the paradigm, given the challenges that these health problems pose and what is at stake. I will not dwell here on the risk factors such as tobacco use, alcohol abuse, poor nutrition and sedentary lifestyles, which are, we must admit, all perfectly avoidable.

It is urgent, therefore, that the General Assembly take stock of the negative consequences of the growth and increased prevalence of non-communicable diseases around the world in terms of human and social development, household income and economic development, as well as their negative impact on the achievement of the Millennium Development Goals.

We need to seize this opportunity so that all of us here today can contribute not just by identifying the challenges and opportunities related to non-communicable diseases but also by committing ourselves to promoting and encouraging the creation of partnerships and synergies that will enable us to prevent and control NCDs. Indeed, the well-known impact of these diseases on the socio-economic development of all countries, particularly developing countries, could be curbed if we use this opportunity for joint action wisely.

Our immediate concern must be to implement our respective commitments to common action. Indeed, the international community needs to impose an iron discipline on itself that will allow it to achieve its goals and live up to its promises. The strategies to be followed must take into account the limited resources of our countries and optimize our actions by ensuring a comprehensive manner of dealing with these illnesses within national health systems and through primary health-care strategies that include prevention, community support and the provision of treatment.

Finally, I would highlight that improving the health of our populations can be achieved only if we recognize the intersectoral nature of the fight against non-communicable diseases and seek to mainstream, in a cross-cutting manner, elements having to do with health care into other socio-economic development areas.

The Acting President: I now give the floor to His Excellency Antoine Gambi, Minister for Foreign Affairs of the Central African Republic.

Mr. Gambi (Central African Republic) (*spoke in French*): The Central African Republic, through me, is honoured to be meeting today with other countries of the world to participate in this exceptional event that is exclusively dedicated to the prevention and control of non-communicable diseases (NCDs).

Public health is one of the pillars of the Millennium Development Goals, and efforts to improve it require the mobilization of the international community. Chronic non-communicable diseases are a major public health problem in the Central African Republic, given the high morbidity and, especially, mortality rates that they entail. NCDs in my country include cardiovascular diseases, cancers, arterial hypertension, diabetes, sickle cell anaemia, mental illness, Buruli ulcers and noma, to name but a few.

We must recognize that chronic non-communicable diseases are a significant obstacle to the socio-economic development of my country, as they impede productivity, entail significant costs in for treatment and, above all, lead to incapacitating complications. Large-scale action is required to prevent them or curb their prevalence. The saying that an ounce of prevention is worth a pound of cure is very apt here.

As health has been recognized as a fundamental human right, it is a priority sector in the Central African Republic and therefore an essential component of the fight against poverty. Therefore, in our second national health development plan, the Central African Government has undertaken to establish conditions that

promote the fight against these diseases in order to significantly reduce the burden of morbidity and the mortality rates linked to these diseases.

This political will is evident in the creation of a programme to combat non-communicable diseases. Its strategic objective is the prevention and reduction of the morbidity, disability and early mortality due to chronic diseases and their risk factors — tobacco and alcohol use, malnutrition, a sedentary lifestyle, excessive weight and obesity — which are favoured by the social, economic and environmental determinants of health.

In order to achieve the goal of reducing the morbidity and mortality that can be attributed to these diseases and to emerging social trends, we have participated since 2007 in the initiative to fight them by adopting several strategies. We have strengthened our institutions and developed partnerships with technical and financial partners such as the World Health Organization, the International Diabetes Federation and the World Diabetes Foundation. We have strengthened the health system by encouraging early screening and appropriate and early treatment of the various cases and by strengthening the health information system. Operational research was conducted through the 2010 STEPS survey. And we are promoting health in general. In addition, some organizations such as those for diabetes, sickle cell anaemia and heart disease have been established to assist the Department of Health in implementing the plan.

However, the Central African Republic, as a fragile State in a post-conflict situation, is experiencing difficulties in implementing other strategies because of a lack of human, material and financial resources. From this rostrum I appeal to the international community to mobilize resources in order to implement planned activities and to establish a mechanism for preventing non-communicable diseases in the Central African Republic, in order to ensure that we save the many lives that are threatened by these diseases.

The Acting President: I now give the floor to His Excellency Jamie Maxtone-Graham, Minister for Health and HIV/AIDS of Papua New Guinea.

Mr. Maxtone-Graham (Papua New Guinea): Allow me to speak not so much from notes, but from my heart. I have experienced on a very personal level the suffering and loss of quality of life that non-communicable diseases (NCDs) can bring about and the health improvements that can be gained by taking personal responsibility for making lifestyle changes and addressing the major risk factors.

My home of Papua New Guinea is the largest of the 22 Pacific island countries. It is incredibly rich in resources, biodiversity and cultural heritage. Our 6.5 million people speak more than 800 languages. Papua New Guinea has many things going for it, and we have great aspirations for the development of our nation and our people. Yet, today, the very development that has underpinned our nation's growth since independence is undermining our future economic, social and cultural existence, as urbanization, environmental degradation, Western consumerism and the adoption of a sedentary lifestyle becomes the norm rather than the exception.

My country is a nation in transition. Our economy is developing rapidly, while at the same time we are struggling with the double burden of communicable and non-communicable diseases. Our infectious or communicable-disease rates are among the highest in the Western Pacific region. In our traditional lifestyle, NCDs were unheard of. However, since independence, and due to our increased reliance on subsidized, imported foodstuffs, cardiovascular disease, diabetes, cancer and chronic respiratory disease rates are now rising rapidly, particularly among our urban population, affecting both the poor and the well-off.

It is with this NCD burden in mind that we applaud our Pacific Forum leaders' recent declaration that the Pacific is in an NCD crisis. We align ourselves with the comments made earlier by the representatives of Nauru, Tonga, Samoa and other Pacific island countries during this High-level Meeting.

As part of its response, Papua New Guinea has incorporated lifestyle diseases and the health-related Millennium Development Goals into our new national health development plan for 2011-2020, the 30-year national strategic plan and the Government's long-term Papua New Guinea Vision 2050.

Papua New Guinea is now moving on a large scale to educate and advocate at all levels, across all generations, and calling for all Papua New Guineans to take ownership of their own health and address their unhealthy lifestyle risks. I am committed to championing the NCD cause in my country and will be

challenging many other colleagues in Government and our public servants to likewise become champions for the cause.

Papua New Guinea also acknowledges that an effective response to NCDs requires mobilizing the whole of society. Trade practices that result in the import of cheaper processed foodstuffs that have poor nutritional value, which are no doubt poisoning our people, must be reversed. Policies and taxes that are specifically aimed at reducing the consumption of alcohol and creating disincentives to smoking must now be extended to unhealthy foods and be fully enforced.

Food that is highly nutritious, of course, is always expensive and needs to be subsidized, while unhealthy foods and processed foods that are high in sugar, salt and chemical preservatives, including refined white flour, require heavy taxes in order to protect and secure the health of our people.

As we all know, poor nutrition will cripple any nation; good nutrition will save it. Nutrition sounds simplistic, but plays a powerful role in the rise and fall of any nation. This is also a warning message for all Member States, that is, if we do not make immediate radical changes in the available food supply and the marketing of food to consumers, we will not be able to survive much longer as nations. Many States will fall, brought down by the inevitable consequences of a nutritionally deficient and chronically diseased population.

We need to understand and appreciate why food has such a powerful impact on everything that matters in society — health, happiness, employment, productivity, education and even freedom — in order to take remedial action to save our people. Our younger generation needs to be taught from an early age about healthy living, regular exercise, healthy eating and the "Healthy Islands" vision, which our Pacific ministers of health first spoke about in 1995. We need to create real incentives for our people to live life to the fullest — not just to achieve an absence of sickness but, more important, to aspire to a life where they can experience well-being that transcends normal qualities of life.

In conclusion, I want to challenge all Member States not to accept any diluted response to the burden of NCDs. We cannot accept a business-as-usual approach; neither can we couch our responses in diplomatic niceties. We need to take bold, innovative approaches and accept shared responsibility. In particular, I call on developed nations to cease the practice of subsidizing the production and export of unhealthy foods to poorer nations. I plead with the Assembly to make our actions count today for the survival of tomorrow's generations.

The Acting President: I now give the floor to His Excellency Mr. Salomón Chertorivski Woldenberg, Minister of Health of Mexico.

Mr. Chertorivski Woldenberg (Mexico) (*spoke in Spanish*): It is a great honour to address the Assembly from this rostrum, in the most representative and important forum that human civilization has created to reflect on, discuss and channel our collective action with regard to major world issues.

I am pleased that the world health agenda, given its great importance to our collective well-being, is an essential part of the work of the United Nations. I address myself to the Assembly to speak on an issue that we are concerned about because of its negative effect on the health of our populations and on the economies of our countries, that is, chronic non-communicable diseases.

I thank the Caribbean Community for promoting the initiative that brings us together today in this important international forum.

Non-communicative diseases are a growing public health problem that transcends borders and affects all sectors of society and all age groups. That is why it is an enormous challenge to global health.

At the national level, in Mexico, this public health problem presents a difficult challenge. In the adult population, there are 14 people with diabetes for every 100 citizens. Seven out of 10 of those over 25 years of age are obese, and our figures indicate that there has been an increase in cardiovascular disease and cancers in general.

The economic and social impact of these diseases is on the rise, as they reduce the life expectancy of the population and the years they are able to spend in good health.

In Mexico, cardiovascular diseases and diabetes top the list of general causes of death. That is why we need to reduce the prevalence of these diseases in our respective countries and why we feel it is important to implement effective measures to prevent these diseases

and mitigate their effects on those who already suffer from them; redouble our efforts to ensure the health of future generations; seek out comprehensive and multisectoral solutions that will involve the participation of civil society, the private sector, the public sector and the population; work on the social determinants of health by providing services in order to increase the efficiency of our capacity to respond to this issue in our countries; and strengthen sustainable efforts in the area of prevention and health promotion in all areas of human development in schools, health centres and community centres.

Internationally, we have witnessed significant progress in the fight against these serious diseases and their consequences. We must continue to improve and coordinate our efforts so as to tackle this enormous challenge. An arduous road lies ahead as we work towards achieving positive results in the medium and long term, building more capacity and strengthening our national health systems so that we can prevent and control the afflictions caused by these diseases.

However, we are motivated by the conviction that our success in these efforts will have positive results in terms of our economic development and greater well-being for current and future generations. It is precisely the well-being of our population that requires us to implement our multilateral commitments and the multisectoral initiatives coordinated within and among States under the aegis of the United Nations and its specialized agencies, in particular the World Health Organization. These agencies help us to work together to address this threat by means of international cooperation.

Mexico is a country that believes in the virtues of multilateralism. Consistent with that belief, we have sought to reinforce the links between Member States and the various international agencies, with a view to streamlining and revitalizing strategies for reducing the toll of chronic diseases and their consequences. In that respect, last February in Mexico City, we hosted a regional high-level consultation of the Americas on non-communicable diseases and obesity. The significant outcomes of that meeting added to the international body of knowledge on the subject.

The Government of Mexico and President Felipe Calderón Hinojosa have shown a great deal of interest and commitment in the prevention, treatment and control of non-communicable diseases. We have enhanced our policy framework using a multisectoral approach involving key public, private and social actors. The objective is to design and implement public policies that are underpinned by laws, standards and regulations applicable to individuals and to our society as a whole, and which will have an impact on households, schools, the workplace and the community.

Furthermore, we have implemented innovative models of specialized health care services for those suffering from such chronic conditions as diabetes, overweight, obesity and cardiovascular disease. Likewise, we have mobilized funding and promoted continuing education by preparing evidence-based clinical practice guidelines and introducing new technologies, which are essential for improving medical care for those who suffer from chronic disease.

I should like to point out the historic fact that Mexico is very close to achieving universal health coverage. Today, more than 100 million Mexicans have guaranteed State-funded health care. It is important to underline that the Mexican State covers the cost of cancer care and treatment for all young people aged 18 or under, and all women with cervical, uterine or breast cancer, among many others. This has helped in efforts to prevent patients from abandoning treatment and, in turn, has drastically reduced the number of related deaths that had previously been caused by funding shortages.

That is why I would like the Assembly to once again take note of Mexico and recognize its efforts and its people, who are contributing to this effort in a spirit of solidarity so as to ensure that our country can make the right to health a reality for everyone.

The challenges we are facing are complex and diverse. All our countries need to continue working diligently to update and expand our regulatory frameworks, which will enhance the quality of, and guide, our medium- and long-term plans and programmes. We must develop and implement sustainable models for the prevention and treatment of chronic diseases, which will facilitate the prevention and timely detection of complications that would lead to higher costs later on, such as those stemming from type 2 diabetes, cardiovascular disease and smoking. We must modernize and broaden our public health information systems and epidemiological surveillance so as to identify risk factors and the social determinants of health, evaluate and monitor them on

an ongoing basis, and ensure the effectiveness of public intervention.

This meeting provides a great opportunity to reinforce our actions, reaffirm our commitment to this fight and continue to strengthen and establish agreements that will benefit our populations. It has been said, quite rightly, that peace is much more than the absence of war. In the same vein, health is not only the absence of disease, but also the complete enjoyment of our full potential as human beings. It is quite correct to say that if one does not enjoy full health, nor does one have full peace.

Our objective should be a world in which the genuine right to health is one of the pillars of personal well-being, national development and international peace and stability. In health, too, let us all be "brothers, none faceless others ... where fate is freedom, grace and surprise", as stated in the hymn to the United Nations on its twenty-fifth anniversary, written by the great British poet W.H. Auden and performed by the great Catalan artist Pablo Casals. May health in our countries grow over time and flow over time, as music does. I would therefore urge members of the Assembly to work together and place the highest priority on the problem facing us today.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Viktor Yanukovych, President of Ukraine.

President Yanukovych (Ukraine) (*spoke in Ukrainian; English interpretation provided by delegation*): Ukraine welcomes the holding of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

This issue is very topical, and literally one of global proportions. It has an impact on global development and affects people in all countries, regardless of their social and economic status. Ukraine is not an exception.

Cardiovascular and endocrine system diseases, as well as cancer and trauma are among the main causes of premature mortality in our country. Experts confirm that mortality resulting from these conditions could, to a large extent, be prevented. None of these problems are purely medical. They stem from the welfare and lifestyles of people, as well as the ecological, social and economic situation in a country. The large-scale reform programme that has been launched in Ukraine is aimed at creating living conditions under which people will confidently look towards their future and take care of their welfare and health.

In that regard, I initiated health care reforms in Ukraine one and a half years ago. Our priority for the coming year is to modernize the primary care system. For many regions of Ukraine, it will mean reviving rural health care, which is unfortunately still in a difficult situation. In this way, we will make medical care more accessible to our citizens, and ensure prevention and early detection of non-communicable diseases.

One priority of our State policy is the fight against tobacco and smoking. Ukraine was among the first countries of Eastern Europe to sign the World Health Organization Framework Convention on Tobacco Control. Increasing the excise tax, imposing stricter requirements for trade, and banning advertising and restrictions on smoking in public places led to tangible results. Every fourth smoker quit smoking.

We have also had success in reducing injuries. Over the past three years, the number of victims of traffic accidents decreased by a factor of 2.4. That is the result of a complex policy, which included improving the quality of roads, increasing penalties for traffic violations and fighting corruption in the road patrol service.

We are also working to improve prenatal and maternity care. This year we launched a national project called New Life. The project will sponsor specialized prenatal facilities in four regions of our country where the quality of maternity care is inadequate. We plan thereby to continue improving maternal and childbirth care, which has been a focus of ours in recent years.

As a UEFA European Football Championship 2012 host country, Ukraine pays significant attention to the popularization of mass sports as a key contributor to a healthy lifestyle. To that end, a great number of sports playgrounds, stadiums and other public facilities are being built throughout the country. We consider preventive measures to be an important investment in the future of the Ukrainian nation. A focus on prevention will contribute to breaking the vicious cycle of chronic disease, improving standards of living and promoting a new level of economic development in Ukraine.

The introduction of the World Health Organization's new European health policy plan, Health 2020, bolstered the development of the Ukrainian Health 2020 programme. That programme, a first for Ukraine, envisages prevention-oriented health care based on the World Health Organization principle of "Health in All Policies", and aims to encourage the widespread adoption of healthy lifestyles.

Analysing global processes and our own experience, we firmly believe that whole foods and proper nutrition are also important factors in preventing disease and maintaining health. In a global food crisis, the quality of food is even more important. Dynamically developing its own agriculture, Ukraine plans to stimulate the production of ecologically clean food. In the very near future we will increase the supply of such products to international markets at affordable prices. We have a great capacity to do so, and it will be Ukraine's contribution to improving the quality of food in the world.

Ukraine pays significant attention to fulfilling its international obligations undertaken in the sphere of health care, in particular within the framework of the Millennium Development Goals. The Political Declaration adopted at this High-level Meeting (resolution 66/2, annex) will be a landmark for the international community in reducing the negative consequences of non-communicable diseases. I am convinced that, through the joint efforts of Member States and the United Nations, we will succeed.

The Acting President: I now give the floor to His Excellency Mr. Abdulkarim Rase, Minister of Public Health of Yemen.

Mr. Rase (Yemen) (*spoke in Arabic*): Allow me at the outset to thank the United Nations system attaching such importance to this special High-level Meeting on health as a prerequisite for comprehensive development. I commend Secretary-General Ban Ki-moon for his lead role in making the prevention and control of non-communicable diseases a main priority for decision-makers the world over. We also thank the World Health Organization and its Director-General Ms. Margaret Chan, for their significant role in this endeavour.

Clearly, the attention accorded by the international community to non-communicable diseases reflects the global consensus towards achieving the Millennium Development Goals. It also represents a qualitative shift in attention towards the Goals focusing on health.

I speak as the representative of a developing country that suffers the twofold burden of communicable and non-communicable diseases alike. Given the ongoing increase in the prevalence of non-communicable diseases and their dangers to development, successfully prolonging longevity has become a real challenge because non-communicable diseases begin slowly, without symptoms, and patients may live with them for the rest of their lives. Contrary to the belief held by some that non-communicable diseases are prevalent in developed countries only, the dire economic situation in the developing countries makes such diseases even more of a threat and a danger, especially in the poorest countries. Treating those diseases will have a tremendous impact on all sectors, especially those linked to the Ministries of health, development, information, industry and agriculture.

At this time, non-communicable diseases (NCDs) including diabetes, cardiovascular diseases, cancers and respiratory diseases are the main causes of illness and mortality in the Middle East. Their negative impact on public health services is enormous and must therefore be urgently addressed. Statistics show that 36 million people die annually due to the effects of NCDs, and that they account for 63 per cent of adult deaths worldwide and 90 per cent of the premature deaths of people under 60 years of age in developing countries. However, another challenge continues to burden developing and least developed countries — the absence of accurate data and insufficient resources to conduct scientific research and screening, thus aggravating the problem.

That challenge, compounded by the tremendous cost of the effects of NCDs and the inability to mitigate them, accounts for the loss of billions of dollars. NCDs, including cancers, respiratory diseases, diabetes and heart and cardiovascular diseases, are the main causes of death. Those are also the NCDs most likely to be mitigated by such interventions as support for healthy lifestyles, physical exercise and abstention from the use of tobacco and alcohol. Such changes in lifestyle would contribute to containing NCDs and their spread.

As the representative of the Republic of Yemen, I underscore the importance of the political role in

monitoring scientific research for sovereign decisions on health issues, which represent a main pillar of comprehensive development. Interventions based on scientific research and evidence require a close relationship between academic and public service institutions in order to provide sound criteria for health care and appropriate interventions and measures.

My country looks forward to the strengthened support and cooperation of all development partners in taking responsibility and seeking to create a mechanism that will save lives in the fight against NCDs.

I take this opportunity to note that world leaders and Heads of Government are in a position to reach a global consensus on combating NCDs. Here I would suggest the establishment of a global fund to combat NCDs. We have had great success with the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. We should be able to do the same for NCDs. We must strengthen our efforts to improve health in the service of humanity.

The Acting President: I now give the floor to Her Excellency Ms. Zainab Hawa Bangura, Minister for Health and Sanitation of Sierra Leone.

Ms. Bangura (Sierra Leone): I am here today to underscore the importance that Sierra Leone attaches to the need for a new global commitment at the highest political level to prevent and control non-communicable diseases (NCDs). According to the World Health Organization, those silent killers, as they are sometimes called, now account for over 60 per cent of deaths worldwide. We are told that they are now the number one killers in the world.

In Sierra Leone, non-communicable diseases such as diabetes, chronic respiratory diseases, cardiovascular diseases, cancers and mental disorders account for only 18 per cent of all deaths. However, NCDs are on the rise and having a greater impact on adult morbidity and mortality. They pose a heavy economic and health burden on individuals, families, communities and the health system.

Allow me to say a few words about capacity to address and respond to the problems of NCDs. This, from our perspective, is the most important aspect of the Political Declaration (resolution 66/2, annex) that has been adopted at this High-level Meeting. The commitment we make today must take full cognizance of the capacity of low-income and least developed countries like Sierra Leone to prevent and control NCDs. How that capacity can be strengthened or enhanced is key to the implementation of the proposed action plan.

Sierra Leone faces serious challenges in delivering health-care services. NCDs are an exceptionally critical problem because our health sector lacks the capacity to provide specialized diagnostic, medical and surgical care. We lack the infrastructure, the equipment and the essential drugs. We also lack health professionals with specialist skills to provide the care that people with NCDs such as cancer and cardiovascular problems require.

We are aware that our people need this specialist care and that many critically ill patients are often sent to Ghana, the United Kingdom, India and a number of other countries for specialist diagnostics and treatment. Our overseas treatment budget has continued to rise as we continue to witness an increase in non-communicable diseases among the population.

The formidable challenges notwithstanding, we are taking concrete steps to ensure that Sierra Leoneans are spared the onslaught of NCDs. In 2009, for instance, we established the Directorate of Non-Communicable Diseases at the Ministry of Health and Sanitation to ensure our proactivity in addressing the challenges of NCDs. Following the establishment of the Directorate, a national survey was conducted to determine the prevalence of the common risk factors of non-communicable diseases among adults 25-64 years of age. The results were shocking and inspired us to accelerate national efforts to address the scourge.

Accordingly, the prevention and control of non-communicable diseases have been given priority consideration in our Poverty Reduction Strategy Paper 2: The Agenda for Change, and in the National Health Sector Strategic Plan 2010-2015. We have also developed non-communicable disease and mental health policies and strategic plans.

In recognizing the effect of tobacco smoking on the health of individuals, we have acceded to and ratified the Framework Convention on Tobacco Control, developed a strategic plan on tobacco control and carried out a global youth tobacco survey. We have also declared no-smoking zones in Government facilities in some areas of our country.

We are also taking steps to provide specialist care within the country. We now have a well-equipped, ultra-modern facility built as a gift from the People's Republic of China to provide specialist diagnostics and treatment. The University of Sierra Leone has received partial accreditation to train specialist health professionals. We have also received funding from the Kuwait Fund to equip three teaching hospitals in the country to strengthen capacities in the provision of specialist training. The Cuban Government, with support from the Government of South Africa, is providing specialized medical professionals to be deployed in our main regional referral and specialist hospitals. In 2009, we received doctors and midwives from Nigeria who are currently working in various districts of the country. All of this augurs well for our collective efforts to respond to the challenges of NCDs.

We also appreciate the support of the United Kingdom Department for International Development, the United States Government, the World Health Organization, the World Bank, the African Development Bank, the United Nations Children's Fund, the United Nations Population Fund and various other partners.

Sierra Leone is aware that prevention is the cornerstone of the global response to NCDs. Recognizing the rising epidemic of non-communicable diseases and their socio-economic and developmental impact on the citizens of Sierra Leone, our strategy to prevent NCDs is multisectoral. We will endeavour to involve all relevant ministries, departments, agencies and civil society organizations in prevention and control efforts.

I wish to conclude by adding that we recognize our responsibility to continue to develop policies and programmes and to strengthen our national capacity to effectively address and respond to the challenges of NCDs. At the same time, we sincerely hope that the outcome of this High-level Meeting will generate a new global commitment in support of our national efforts through technical assistance and other forms of international cooperation.

The Acting President: I now give the floor to Her Excellency Ms. Toufta Boguena, Minister for Public Health of Chad.

Ms. Boguena (Chad) (*spoke in French*): On behalf of my country's delegation, I would like to join previous speakers in expressing my congratulations to the Secretary-General for his efforts in successfully organizing this High-level Meeting and, above all, for the wise choice of the theme of non-communicable diseases (NCDs).

Allow me to stress that the current health situation in my country remains of particular concern, despite the resolute will and commendable efforts of the Government and its development partners. The situation of NCDs in Chad has yet to be properly defined. The annual survey of our country's medical statistics points to the presence of cases of diabetes and hypertension in our hospitals. We have already observed that the problem of non-communicable diseases is on the rise, since we commonly find at least one member of each family who suffers from either diabetes, hypertension, gout or asthma.

In the light of this worrisome situation, the Government has implemented a framework for preventing and combating those diseases. We have created a multisectoral national committee to combat non-communicable diseases that has developed an action plan for implementing the World Health Organization step-wise approach in our country.

In that regard, a study conducted in N'Djaména in October 2008 showed that 69.75 per cent of Chadians who consume alcohol do so at dangerous levels of 20 grammes a day; 20.2 per cent use tobacco; 80.3 per cent eat neither fruits nor vegetables; 87.3 per cent of the population do not engage in physical activity; and only 0.4 per cent present no risk factor, as opposed to the 31.7 per cent who are at risk in at least three or more ways. Non-communicable diseases account for more than 50 per cent of all medical evacuations from the country. As can be observed, cases of non-communicable diseases constitute a genuine public health problem in Chad, which needs to be addressed despite the existing efforts to create centres for early risk-detection and follow up.

Despite my country's situation, which involves numerous challenges, the Government of Chad has made the prevention and control of non-communicable diseases a priority, as they constitute an impediment to our development. The control of such diseases through our integrated epidemiological monitoring system has not been very effective, due to our limited resources. The lack of a national public health network of diagnostic laboratories and the scarcity of qualified staff have us in a stranglehold.

Given this situation, we hope that the international community, and in particular the agencies of the United Nations system, will continue to support our country even more in its struggle against all these scourges.

In conclusion, I would be remiss not to thank all our development partners for their growing multifaceted support. I reiterate the gratitude of the people and Government of Chad. Long live international solidarity. Long live health for all the peoples of the world.

The Acting President: I now give the floor to His Excellency Mr. Richard Visser, Minister for Health and Sport of Aruba of the Netherlands.

Mr. Visser (Netherlands): It is my great honour and privilege to speak on behalf of the Kingdom of the Netherlands, comprising the Netherlands and the Caribbean islands of Saint Maarten, Curaçao and Aruba.

The prevalence of non-communicable diseases (NCDs) varies throughout the Kingdom. We have seen an overall increase in the percentage of our people with diabetes and with one or a combination of chronic conditions.

In the Netherlands new policy document of May 2001, we focus on three themes, namely, trust in health protection, accessibility and availability of health care and sporting opportunities in neighbourhoods and educating people to decide on their own lifestyles. Choices for a healthy lifestyle can be made through accessible and reliable information, together with working public-private partnerships. We give specific attention to young children and youth, but we are not in favour of nationwide campaigns; in our experience, they often lack focus on specific target groups. We have serious doubts as to their effectiveness.

With regard to children in the Caribbean islands, due to its prevalence in the region, specific focus has been placed on childhood obesity. I will return to that later when describing the Aruba call to action on obesity.

It is important to focus on a healthy start for young people through empowerment, sporting activities and accessible health care. Our responses to NCDs are embedded in our health-care systems, with specific emphasis on primary health care and public health policies and programmes. We tailor our programs to include a cost-containment approach. In the areas of health care systems and public health, we have financial growth in our programmes. We are aware that people with chronic conditions are the main consumers of our health system.

In that respect, we also face challenges, as the accumulated impact of NCDs come face to face with the challenge of ageing and multiple morbidities. This comes as a major challenge for the health care system in our countries, according to our national policies and as indicated by the Organization for Economic Cooperation and Development.

In the future, a fast-growing part of our population will face heart failure, diabetes, depression and overweight at the same time. We therefore do not favour a more vertical approach for all separate diseases, but rather integrated treatment with a cost containment approach in health care policies and systems of prevention, treatment and long-term care.

It is important to monitor the prevalence of disease as well as practical and accessible approaches. However, we do not favour globally decided targets, given the differences of prevalence between countries and the increase of NCDs. At the international level, we are aware that the burden of diseases in developing countries is growing. We do believe in the involvement of Government approach; however, distinctions need to be made between policy aspects that fall within the responsibility of ministers of health themselves, such as the sustainability of the health care system and prevention programmes, and between responsibilities of other ministers that may also have an impact on health.

With regard to assistance to low- and middle-income countries, the first priority is to create health care systems that can meet the challenges of NCDs, both in preventive actions and health care treatment. Financing through the strengthening of existing health care systems should be implemented in the framework of current mechanisms. We do not see the need for new partnerships.

We view the Political Declaration (resolution 66/2, annex) as an inspiring document for national and local policies, since the majority of the actions should be focused on those levels. I have indicated to the Assembly that we are in favour of a pragmatic approach, given the differences of prevalence between countries. Given the cultural aspects of the four risk

factors, a tailor-made approach is necessary. A one-size-fits-all approach would be of limited impact and value to our citizens.

Finally, I would like to come back to the subject of obesity. The Pan American Conference on Obesity was held in Aruba from 8 to 11 June. The wide range of participants in attendance included national, provincial and municipal Government representatives, ministers, senators, ministers' representatives, scientists, experts, journalists and athletes from 22 countries of all of the Americas took part in the Conference, which paid special attention to childhood obesity. During the Conference, strategies that can be applied to prevent obesity in the Americas were identified and presented in the Aruba call to action on obesity, with special attention to childhood obesity.

In the context of this short intervention, please allow me to highlight just a few of the actions that were proposed: to commit to the fight against childhood obesity and promote healthy weight by sharing strategies and actions with and between our respective Governments, institutions and communities to support effective public policies and multilevel comprehensive strategies to address obesity, based on the principles as described in the call for action; to facilitate the accumulation and exchange of knowledge on which projects and strategies have proved effective and in which settings; to increase awareness that obesity has a significant impact on labour productivity, and therefore on the social and economic development of countries; to invest in health promotion to prevent and reduce obesity; to incorporate obesity data into chronic disease surveillance systems; and to monitor, measure and evaluate progress made to reduce the prevalence of obesity and its associated risk factors.

Let me conclude by saying that only history can judge us. We would like to use the occasion of this High-level Meeting not to just sign another declaration, but to link it to work at local and national levels, where action needs to be taken.

The Acting President: I now give the floor to His Excellency Mr. Eduardo Bustos Villar, Deputy Minister for Health of Argentina.

Mr. Bustos Villar (Argentina) (*spoke in Spanish*): It is my great honour to address the General Assembly on behalf of the Group of 77 (G-77) and China. I would first like to say that the G-77 and China welcomes the holding of this High-level Meeting on the Prevention and Control of Non-communicable Diseases. The G-77 and China believes that the United Nations, given its universal membership, legitimacy and comprehensive mandate, should play a central role in mainstreaming non-communicable diseases into the global development agenda.

Non-communicable diseases — primarily cardiovascular diseases, cancers, chronic respiratory diseases and diabetes — represent a real global epidemic and a leading threat to sustainable development and to the right to achieve the highest attainable standards of physical and mental health. These diseases cause the highest number of deaths and disabilities worldwide, accounting for 60 per cent of all deaths, with 80 per cent of them occurring in developing countries. Such non-communicable diseases could be largely prevented by eliminating risk factors, in particular tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. Other non-communicable diseases, such as mental illness and sickle-cell anaemia, also seriously add to the burden of disease.

Non-communicable diseases deepen social inequities, hinder human development and remain a difficult obstacle in the fight against poverty and hunger. Poor living conditions and other social, gender-related, economic, political and environmental health determinants contribute to the rising incidence of these diseases. Social inequities, such as an inequitable access to medicines and diagnostic tools and technologies, should also be addressed in this regard.

Medicines are a public good, and universal access to them should to prevail over narrow commercial interests. Ten years ago, the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health confirmed the right of States to take advantage of flexibilities to protect public health and ensure access to treatment. In addressing chronic non-communicable diseases, controlling their incidence and mitigating their serious impacts, countries should take all necessary measures to ensure access to affordable, safe, effective and quality medicines, diagnostics and other technologies.

In that regard, we recognize that generic drugs have played a key role in ensuring access to medicines in the developing world. We therefore reaffirm our right to use, to the full, the TRIPS flexibilities, as confirmed by the Doha Declaration. We also

acknowledge the need to effectively implement the Global Strategy and Plan of Action on Public Health, adopted by the World Health Assembly in 2008, as important tools to help develop national capacities in developing countries in order to strengthen public health and ensure the universal access of the population to medicines and medical technologies, without any kind of restriction to specific diseases.

In this globalized world, neither communicable diseases nor non-communicable diseases are constrained by national boundaries. While recognizing the primary role and responsibilities of Governments in responding to this global epidemic, including in the form of awareness raising on the harmful effects of tobacco use and alcohol abuse, as well as the positive effects of good nutrition and physical activity, it should also be recognized that there is an urgent need for joint efforts from all sectors of society as well as from the international community in support of national efforts. In that regard, the Group of 77 and China urges all Member States to strengthen international cooperation, including through the transfer of technology.

Despite the significant impact of non-communicable diseases on public health and the related growing costs for our national health systems, it should be noted that less than 1 per cent of official development assistance (ODA) funds go to non-communicable diseases. The G-77 and China calls for fulfilment of all ODA-related commitments, including the commitment on the part of many developed countries to reach a target of 0.7 per cent of gross national product for development aid by 2015. Non-communicable diseases should receive the attention they deserve on the development agenda.

The Group urges relevant international organizations and partners to increase technical assistance for research and capacity-building to developing countries in order to improve prevention and control of non-communicable diseases, as well as universal access to medicines, medical and diagnostic technologies, including through the full use of the flexibilities contained in the Doha Declaration.

The Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting is the first comprehensive document with commitments from global leaders to addressing non-communicable diseases. The Group of 77 and China is of the view that the Declaration will serve as a useful platform for ongoing consideration of the development and other impacts of non-communicable diseases. The Group of 77 and China therefore looks forward to engaging with partners and stakeholders in the follow-up process with the aim of strengthening the global response to the epidemic through multisectoral actions and effective partnerships.

My delegation aligns itself with the statement I have just made on behalf of the Group of 77 and China. I now have the honour to speak in my national capacity.

My country, Argentina, considers non-communicable diseases to be a problem that should be dealt with across every sector, as was said by the Director-General of the World Health Organization (WHO) at the regional high-level consultation of the Americas on non-communicable diseases and obesity, held in Mexico in February: "[C]hronic diseases are no longer just a medical or a public health problem. They are a development problem, and they are a political problem".

It is for that reason that we must strengthen the role and leadership of States in protecting our peoples by creating healthier social and physical environments, reducing their exposure to risk factors and encouraging healthy behaviours on the part of the population. A few days ago, here in this city, we saw the launch of Wellness Week, at which the Director of the Pan American Health Organization said that better health is not just a question of individual decisions; rather, public policy is key to making healthy ways of living viable and sustainable.

In that regard, we consider it vital to regulate and work to promote such areas as increasing physical activity; reducing salt, sugar, and saturated and trans-fats in diets; increasing consumption of fruit and vegetables; and reducing calorie intake. We should also improve information for consumers; protect children from advertisements for unhealthy foods and drinks; promote relevant tax policies; prohibit tobacco advertising, promotion and sponsorship; establish smoke-free environments; and reduce harmful levels of alcohol consumption through effective public policy limiting access to it.

We believe that if this meeting is to have an impact, we must agree on clear objectives, goals and shared courses of action at the global, regional and national levels. The phenomenon of globalization seems to be taking on the form of a world economic

crisis; we do not know how far this will go or what its effect on our peoples will be. In light of this, we in Argentina, which has lived through serious crises, consider that the worst thing that could happen would be for us to experience a crisis of ideas, or to lack initiative on finding ways to tackle our health problems. In this regard, we should invest all our capacity, experience and lessons learned in the service of all countries.

We would like to talk about what Argentina has been doing in this regard. We have been developing and implementing a national prevention and control strategy for non-communicable diseases. To that end, we have had to strengthen our institutional capacity by creating a department for non-communicable diseases and a national cancer institute. We have created an epidemiological surveillance area dedicated to non-communicable diseases, where risk factors and other data are studied in order to enable us to make decisions and monitor our strategy. We have also reoriented our national programme for public production and free access to medicines, Remediar + Redes, including hypertension and diabetes as tracer diseases in order to strengthen our health systems, and we have classified patients according to their overall cardiovascular risk.

We have created a national intersectoral commission for the prevention and control of non-communicable diseases, in which other ministries, scientific organizations, academia, civil society, universities and the food industry are participants, designed to formulate and implement intersectoral actions and policies.

Similarly, in conjunction with the Ministry of Agriculture and the food industry, we have modified Argentina's food regulations on trans-fats with the aim of eliminating them from processed food by 2014. We have begun to reduce sodium in processed foods through agreements with the industry, an initiative launched with the Argentine Federation of Bakers. We have also reduced smoking rates through actions designed to limit it. Here, we highlight the importance of local provincial laws and a recently enacted national law on tobacco control that includes aspects of the WHO Framework Convention on Tobacco Control.

We have developed a number of physical activity projects as part of our healthy municipalities and communities programme; we are also conducting summer educational campaigns in resorts on the risks associated with unhealthy living habits. We have implemented a national plan on responsible alcohol consumption, working in conjunction with the industry itself. We have launched a campaign promoting consumption of fruit and vegetables, in which, inter alia, we provide seasonal recipes using fruits and vegetables, in cooperation with the Argentine Federation of Fruit and Vegetable Markets. We have developed and are implementing a practical clinical guide to best practices, which includes information on diabetes, cardiovascular disease, tobacco use, kidney disease and hypertension, aimed at ensuring high levels of care.

Finally, I would like to say that without political will and resolve on the part of our leaders in what we do every day, all of it is going to become more and more difficult. But we are convinced that this High-level Meeting will mobilize every world leader around our shared objective, which is to give a human face to the decisions we take every day. I would like to end with the words of a medieval theologian, who insisted that men are like angels with one wing; in order to fly they must link arms. This is one of the goals we have to set ourselves in order to create a greater and better quality of life for our peoples.

The Acting President: I now give the floor to His Royal Highness Prince Turki bin Mohammed bin Saud Al Kabeer, Under-secretary of the Ministry for Foreign Affairs for Multilateral Relations of Saudi Arabia.

Prince Turki bin Mohamed bin Saud Al Kabeer (Saudi Arabia) (*spoke in Arabic*): I would like at the outset to congratulate Mr. Al-Nasser on his assumption of the presidency of the General Assembly at its sixty-sixth session. We wish him and the brotherly State of Qatar full and continuous success.

The holding of this High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs) offers a good opportunity to review the efforts of the international community to prevent such diseases and to strengthen international cooperation in combating their spread. In this context, Saudi Arabia supports all international endeavours aimed at confronting these diseases and continues to dedicate efforts and resources to the fight at the national and international levels.

Saudi Arabia has taken the following measures. In 2003, it established a General Directorate for Non-communicable Diseases entrusted with setting up plans and strategies to combat these diseases. It has launched a number of programmes aimed at preventing the non-communicable diseases that are most prevalent in Saudi society, including programmes on the prevention of diabetes and cancer, nutrition and physical activity, cardiovascular and disease prevention, healthy marriage and the early examination of newborns. We have also set up the Health Crown Prevention programme, an accident and injury prevention programme, a programme to detect the risk factors of non-communicable diseases, and an osteoporosis programme.

We have adopted and begun implementing national plans and strategies for the aforementioned programmes. Government and non-governmental entities have established national committees on non-communicable diseases that are connected with prevention programmes. We have conducted several field studies at the national level to assess the spread of non-communicable diseases and their risks and causes, in cooperation with the World Health Organization.

Mr. Thomson (Fiji), Vice-President, took the Chair.

In this context, we have been giving support and assistance to primary-care institutions in the field of combating non-communicable diseases. We have also set up functional guidelines for some of these programmes, including training and skills development for personnel involved in combating NCDs and caring for patients through special training courses associated with the respective programmes.

We have also launched national campaigns to promote awareness among the populace through programmes such as "How is Your Diabetes?", nutrition and physical activities, a healthy marriage programme and an accidents and injuries prevention programme. We have also produced awareness bulletins and brochures on such programmes.

We have also established a computerized registration system to monitor non-communicable diseases and record cases of cancer and diabetes among those who are about to enter into marriage. There have been coordinated and cooperative activities between the public and private sectors, including philanthropic societies, in combating NCDs.

At the international level, the Kingdom has been assiduous in attending regional and international conferences and meetings, such as the Ministerial Meeting of Health Ministers of the Cooperation Council for the Arab States of the Gulf and the World Health Organization, among other relevant meetings.

The Acting President: I give the floor to Ms. Karin Johansson, State Secretary to the Minister for Health and Social Affairs of Sweden.

Ms. Johansson (Sweden): For some time now, we have observed the global trend of the rapidly increasing prevalence of non-communicable diseases. It has taken great patience and perseverance to move from initiative to decision, from the publication of facts through the formulation of relevant strategies to action plans.

This United Nations High-Level meeting on Non-communicable Diseases is a landmark event in this work and underscores the importance of our common efforts in this regard. The High-level Meeting will be decisive for the progress of global health. Our expectations are that concrete commitments will be made, not least at the national level, using strategic policy options that we all know have the greatest potential to bring about change. The efforts to tackle and control non-communicable diseases need to focus primarily on health promotion and disease prevention. Therein lies great potential for global health gains and for reduced health inequalities between and within countries. It is now time to take action.

It is of course up to each country to take into account its own political and social context when deciding on the optimal mix of existing evidence and good practices for improving the health of its citizens. But the most effective "best buys" are readily available, and national responsibility for the implementation of these measures has to be taken. Otherwise, the struggle against these diseases will be lost at the outset.

The World Health Organization (WHO), as the lead specialized agency of the United Nations for health, should continue to have the leading role in the work against non-communicable diseases.

Non-communicable diseases contribute to a large part of the disease burden across the globe. Governments must take leadership and fulfil the commitments already made in the fight against these

diseases, and we all have the obligation to support each other in this regard. As one of the major contributors to the WHO, we fully support the Organization's fundamental work in assisting Member States in their struggle.

The Acting President: I give the floor to His Excellency Mr. Jun Byung Yool, Deputy Minister for Health and Welfare of the Republic of Korea.

Mr. Jun Byung Yool (Republic of Korea): I am pleased to be a part of this significant High-level Meeting of the General Assembly, which has brought together world leaders from around the globe to discuss the prevention and control of non-communicable diseases (NCDs).

This meeting is the second occasion at which the General Assembly has focused on discussions concerning another formidable health issue, following the High-level Meeting that focused on HIV/AIDS (A/65/PV.90-95). That meeting contributed to strengthening international cooperation to improve the prevention and treatment of HIV/AIDS. I firmly believe that this meeting, too, will be critically important in our fight against NCDs around the globe.

Non-communicable diseases such as cardiovascular disease, stroke, diabetes and chronic respiratory disease claim the lives of some 36 million people around the world every year. These deaths figure around 63 per cent of the total annual number of deaths. Among them, some 9 million people die before reaching 60 years of age. Sadly, 90 per cent of those 9 million deaths occur in middle- and low-income countries. By 2030, the number of deaths from NCDs is expected to be five times the number of deaths caused by communicable diseases.

As a part of its preparation for this meeting of the General Assembly, the World Health Organization (WHO) held this year a regional high-level meeting and co-organized the Moscow global ministerial conference. The Korean Government joined the efforts of the WHO and hosted a regional high-level meeting on NCDs in March for discussions among the Western Pacific members. The Seoul Declaration, adopted at the meeting, expresses the commitment of high-level national support for the prevention and control of NCDs and highlights the need to strengthen health systems based on primary health care.

The Moscow Declaration voiced the shared concerns of WHO member States that the fight against NCDs involves complex levels and layers of challenges. These challenges often relate to socio-economic and environmental dimensions within Member States. Member States promised to develop whole-of-Government policies and implement the Action Plan for the Global Strategy for the Prevention and Control of NCDs.

Non-communicable diseases are preventable. If we correctly address major risk factors such as smoking, unhealthy diet, physical inactivity and alcohol abuse, we can and will dramatically reduce fatalities from NCDs.

The importance of policies to fight NCDs cannot be overstated. The Korean Government is making aggressive efforts in this regard. Korea's active tobacco control policies, in place since 2004, include an increase in pricing for tobacco products. Since then, Korea has seen its smoking rate decrease by 18 per cent among adults. More recently, as of 2010, the relevant law was revised for the effective implementation of the Framework Convention on Tobacco Control. Our Government is also working to legislate for health management services to enable systemic NCD prevention and control at the same time.

Through this system, the Korean Government will directly provide health management services for the vulnerable and create a rational market for consumers who can afford to pay for services. In addition, the Korean Government is actively participating in international cooperation to deal with NCDs. The hosting of the regional meeting, for instance, served at an opportunity to reaffirm the commitment of cooperation of Western Pacific countries. In 2012, Korea will host the Conference of the Parties to the WHO Framework Convention on Tobacco Control with a vision for reinforcing greater and more substantial cooperation on tobacco control.

It is my sincere desire that we, as an international community, continue our alliance to work more closely for the prevention and control of NCDs. Also, it is my strong belief that the United Nations will lead us in this global effort with the strongest of leadership.

The Acting President: I give the floor to Her Excellency Ms. Beatriz Londoño-Soto, Deputy Minister for Health and Welfare of Colombia.

Ms. Londoño-Soto (Colombia) (*spoke in Spanish*): Colombia congratulates the United Nations and the World Health Organization (WHO) on having organized this High-level Meeting on chronic non-communicable diseases (NCDs). We are here because we know the terrible effects of hypertension, diabetes, cancer and respiratory diseases on our populations, and because we feel that it is possible to reduce the suffering, disability and early deaths of millions of people around the world by developing better designed, more effective and better evaluated policies, strategies and programmes.

We have always believed that it is relevant to work for the synergy resulting from coordinated multisectoral work, but today, more than ever, it is important to return to the basic principles of teamwork in order to improve the health of our populations. That is why the Government of Colombia, under the leadership of President Juan Manuel Santos Calderón, is committed to developing national, regional and local capacities in order to provide conditions and an environment favourable to the adoption of healthy habits, working at the same time with various sectors and organizations, educational institutes at all levels, non-governmental organizations, academia, the private sector, international bodies and local and regional Governments.

For the 46 million inhabitants of our country, Colombia, 76 per cent of the disease burden is caused by chronic non-communicable diseases. Against that backdrop, the Government of Colombia is resolutely committed to promoting healthy lifestyles starting in infancy, involving families and communities, and continuing to improve access to and management of health services for those suffering from non-communicable diseases, and bringing together many complementary institutional and social networks.

Our country has taken decisive steps. Our anti-tobacco law created 100 per cent smoke-free areas in the workplace and in public transportation. We have graphic health warnings and are one of the few countries of the world where it is prohibited to advertise to or encourage smoking in minors. However, we need to raise our taxes and prices.

All demographic groups in our country have shown weight gain. That is why we want to put particular emphasis on the development of physical activity as an essential factor in halting this epidemic effectively.

The reduction of chronic non-communicable diseases goes beyond the health sector. Although we have good clinical services, they will not be sufficient without changing the physical and cultural environments, promoting active transportation, improving the condition of public spaces, and encouraging a healthy daily diet rich in fruit and vegetables.

We have enacted a law that supports the fight against obesity by regulating the composition of foods, such as trans-fats and saturated fats. Next year, regulations to gradually reduce sodium over the course of five years will come into force in conjunction with a health communication and education campaign targeting children and young people.

We have made progress on early cancer detection in order to provide treatment at an early stage, particularly for women with uterine or breast cancer. However, we need to redouble our efforts to detect many other kinds of cancers affecting our population. We are therefore training our health teams to look for risk factors, developing specific treatment guidelines and evaluating their results.

Our national pharmacology policy reflects our commitment to guaranteeing access to high-quality medicines at reasonable cost, which will ensure a health-care system that is sustainable in the long term for patients suffering from those diseases.

Finally, I stress the fact that Colombia has increased its funding for innovation, science and technology, identifying five priority research areas related to chronic non-communicable diseases. We aim to adapt the best technologies to provide for better use of all available resources.

We would like to express our enthusiastic and committed support for the shared tasks proposed at this meeting. They will enable us to close the gaps and to obtain significant and sustainable results in the long term. We will always be prepared to share our progress and to continue to learn from all countries.

The Acting President: I now give the floor to His Excellency Mr. Roberto Sabrido Bermúdez, Vice-Minister for Health of Spain and President of the Spanish Agency for Food Security and Nutrition.

Mr. Sabrido Bermúdez (Spain) (*spoke in Spanish*): It is my honour and pleasure to represent my country in this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. We share the concern expressed about this issue. I also want to affirm Spain's endorsement of the statement made on behalf of the European Union.

Non-communicable diseases represent a high morbidity and mortality burden for all countries. In this regard, my Government agrees with the Secretary-General when he declares in his report that "non-communicable diseases represent a new frontier in the fight to improve global health" (*S/2011/83, p. 1*). The promotion of healthy lifestyles — encouraging physical activity and healthy diet and working to reduce smoking and harmful alcohol use — is a public health priority for the Government of Spain, as I believe it should be worldwide.

My Government has been working intensively on those four fronts. In January 2011, a new law banned outright smoking in enclosed public places, the outdoor areas of schools and hospitals, and playgrounds. The Spanish national strategy on nutrition, physical activity and obesity prevention came into effect in 2005 with the goal of improving nutrition and promoting physical activity, especially among children and adolescents. We are pleased to see that the three pillars on which the strategy is based — multisectorality, balance between voluntary agreements and regulatory actions, and assessment of the policies implemented — are also acknowledged in the principles of the Political Declaration adopted at this High-level Meeting (resolution 66/2, annex). In January 2009, the Spanish national drug dependency strategy came into effect, focusing especially on reducing underage drinking.

Care models in developed and developing countries continue to be directed towards reactive responses to acute health problems. We have to identify innovative and highly cost-effective health strategies and interventions that act both on chronic diseases and on their determinants. The Government of Spain maintains that all public policies must absolutely be evaluated based on their cross-cutting effect on the health of the population, as well as on gender mainstreaming.

The quality plan of the national health system of Spain has developed several health strategies, for example for cancer, ischaemic heart disease and diabetes. We are developing a national health system strategy on health and gender, and re-evaluating our approach to chronic disease in general, which will open the way to a reorientation of our health-care services.

Health systems are one of the most important factors of social cohesion in the different countries of the international community, especially in periods and situations of economic crisis, such as now. There is therefore an urgent need to adopt measures promoting the collaboration of the international community in the development of national health systems, enabling persons to exercise their right to health and to have equitable, solidarity-based and universal health systems that are also sustainable.

In the twenty-first century, the health of the general population has become a centrepiece of societies' aspirations and proven to be a key element of economic and social development. Therefore, we should analyse the health sector's role not as a generator of costs but as a critical element of economic progress. We therefore draw the attention of the members of the General Assembly to the role of health-care systems as catalysts of national economies, in parallel to their undoubted significance in achieving the goals of wealth redistribution and social justice that we all share.

The Government of Spain reiterates and emphasizes its willingness to collaborate in all international cooperation activities aimed at fostering and promoting the health of populations, as does the action proposed by the Secretary-General on the prevention and control of non-communicable diseases.

The Acting President: I now give the floor to His Excellency Mr. Torphong Chaiyasan, Deputy Minister of Public Health of Thailand.

Mr. Chaiyasan (Thailand): On behalf of Thailand, I want to express our country's great pleasure in participating in this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs).

In 1973, a group of experts from the World Health Organization visited Thailand and warned us that NCDs would soon be our number-one killer. At the time, everyone laughed at the idea. Today, non-communicable diseases constitute almost three-fourths of both Thailand's total number of deaths and its total burden of disease.

Unfortunately, we are not the only ones facing that sad-but-true situation. Low- and middle-income

countries bear the brunt of the global NCD burden. The truly alarming fact is that they are shouldering that burden with a limited capacity to cope, compared to those in the high-income world. They lack almost everything that is needed to address this issue. Our discussion here today will be really meaningful only if we seriously and sincerely address those limitations in the developing world.

We have not done enough, even though evidence clearly suggests that there are effective and sustainable ways to deal with NCDs by addressing risky behaviour and related social determinants. The World Health Organization's global status report on NCDs clearly recognizes "best buy" interventions, which include controlling availability and marketing strategies and devising tax and price measures to control aggregate consumption of commodities that lead to NCDs. We do need to do much more to integrate this "best buy" intervention into our public policy.

Thailand has benefited tremendously since 2001 from the establishment of the Thailand Health Promotion Foundation, funded by a 2 per cent additional levy on top of the excise tax on tobacco and alcohol. Since the Board of the Foundation is chaired by the Prime Minister of Thailand, it has direct links to top policymakers. In this connection, Thailand would like to request all Member States to effectively implement the Framework Convention on Tobacco Control as soon as possible.

Earlier this year in Moscow, the Director-General of the WHO said:

> "Today, many of the threats to health that contribute to NCDs come from corporations that are big, rich and powerful, driven by commercial interests, and far less friendly to health."

Although the alcohol, tobacco and food and beverage industries are different from one another, their actions and expectations with regard to the policy process are the same. They try to weaken policy content, tone down its scope in the public policy process.

"Partner" is a good term, and the global community has enjoyed countless public benefits from partnership with the private sector. But partnership with certain industries that have conflicts of interest leads nowhere. We believe that the private sector can still be part of the solution, but that should be in dialogue not only with producers, distributors and marketers, but also as part of the public policy process.

The final point that I would like to stress is that medicine is a moral commodity. Thailand strongly supports the full use of the flexibilities and rights enshrined in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Doha Declaration to protect public health and strengthen the global effort to improve our capacity to fight the NCD pandemic. The TRIPS Agreement and the Doha Declaration ensure that members of the World Trade Organization can implement TRIPS flexibilities to produce generic patented drugs for public non-commercial use and for export to countries that may not have adequate domestic capacity to produce their own generic essential drugs. These are rights that we must hold dear, because we owe it to our public and to the global community to protect and promote public health and, quite simply, to save lives.

In closing, I would like to express my delegation's sincere appreciation that this High-level Meeting reflects the agreement among Member States to discuss important multisectoral health issues here at the United Nations in New York. In this regard, I would like to reiterate the request of the recent World Health Assembly to the Secretary-General that a discussion be convened on the issue of universal health coverage at a future session of the General Assembly in order to find consensus on the issue, which we believe is not only essential to effectively tackling NCDs, but also crucial to the achievement of the Millennium Development Goals.

The meeting rose at 1.15 p.m.